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FIFTY YEARS OF NEGRO PUBLIC HEALTH

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At the present time arguments are being brought forward by responsible, and sometimes by irresponsible, persons that the Negro race in the United States is fast dying out. In proof of this it is claimed that the race shows an increasing death rate, a declining birth rate, the influence of alcoholic and sexual intemperance, and, in particular, a racial predisposition to tuberculosis and pulmonary diseases. Now if accurate vital statistics of the whole Negro race in the United States for a century or more were procurable, it might be possible to determine whether this opinion is founded upon facts or not; for vital statistics, furnishing exact information concerning the birth rate and the death rate would enable impartial investigators to predict with tolerable certainty the survival or the extinction of this race of people.

But even this course might fail to give correct information, since, satisfactory though the statistical method might be, it should be remembered that behind and beyond its facts and deductions lies a vast territory, covered over with a maze of social and economic problems of vital importance to the Negro race and to the whole nation. An enormous infant mortality may conceal the criminal negligence of parents, the heartless indifference of municipalities, or an economic slavery depriving the infant of its right to be well born. Reading between the columns of figures setting forth a large death rate from tuberculosis, one may detect the tragedy of human tribute paid for the maintenance of city slums and alleys, for ignorance and poverty, for debauchery or for the ambition of youth that overestimates the physical means for its realization. In connection, therefore, with the vital statistics of the Negro race these human problems must be considered, for a resolute attempt at their solution is certain to change the interpretation that is now placed upon them.

No accurate statistics exist by means of which the health of slaves fifty or sixty years ago can be estimated. A common belief

prevails that during the period of slavery the death rate of the Negro race was less than that of the white race, its infant mortality lower, and its specific death rate from tuberculosis infinitely less. With certain limitations it is reasonable to suppose that this may have been true. No doubt the first generations, which had been sufficiently hardy to survive the dreaded Middle Passage and that first period of increased mortality incident to the acclimatization of a tropical people in colder regions, under the stimulus given to the production of a marketable product—human flesh—excelled the white race in fecundity. A life in the open air, cabins with wide fireplaces allowing for thorough ventilation, the nursing of children by their own mothers tending largely to a low infant mortality, a religious exaltation and unfaltering optimism—all these were causes which, in the absence of definite statistics to the contrary, might go far to justify the conclusion of Hoffman that “the higher rate of increase of the colored population during the period preceding the war would indicate that during slavery the mortality was not so high, at least not in the United States, as it has been since emancipation.”

In the light of modern knowledge the comparative absence of tuberculosis among the Negroes can be easily explained. The masses of Negroes did not come into contact with their white masters in their houses, and were consequently not exposed to the germs of that disease which is preëminently a house disease. The only portion of the slave population which might acquire the disease was the house servants, who were in constant association with them, and whose children might carry the malady in a latent form which would terminate as they grew older into the severer type or undergo a natural cure. For economic reasons such persons of the slave population as contracted tuberculosis were forced to work, and this brought about speedy death or happily resulted in a process of healing.

The following statistics in regard to health conditions among Negroes during that time are interesting and instructive: In the war period, 1861–1865, there were examined 315,620 white recruits and 25,828 colored for enlistment in the army. The number of rejections of white recruits exceeded that of colored in all forms of diseases, the figures being 264 as against 170 per thousand. In the case of consumption the rejections of white recruits exceeded those of colored recruits, the figures being 11 in the white to 4 per thousand in

the colored. But the rejections of colored in the case of syphilis exceeded that of the white, the figures being 7 to 3 per thousand; and in scrofula 3 to 2 per thousand. Dr. Buckner, quoted by Hoffman, states that of the 1,600 Negroes examined by him, "very few were rejected, not perhaps more than 10 per cent. Tuberculosis is very rare among them."

Right here a few deductions may be made. The excess of scrofula is highly significant, for the modern physician knows that it is simply a mild form of tuberculosis affecting the lymphatic glands. It is the forerunner of the more serious forms of the great white plague. The white race had reached the point where it was to acquire a comparative immunity from tuberculosis; the black race must now in its turn pay the price which all civilized nations and races had paid for progress and the varied activities of city life. With the tuberculization of the black race its mortality rate will increase until it also reaches at a later day a comparative immunity.

With the close of the war a new era began. The white race resolutely faced reconstruction with the usual courage and energy of Anglo-Saxons determined to win a victory from every defeat. Four circumstances were in its favor: it had advanced far enough to acquire a partial immunity against tuberculosis; the menace of syphilis was growing less; its death rate was decreasing; its birth rate was rising. For the Negro race it was a time of storm and stress, of unsettled political tendencies, of chimerical ambitions and social unrest. Economic distress by lowering its vital resistance made it an easy prey for the inroads of disease, which increased continually because of ignorance and of poverty, of ill-advised schemes of emigration and of overcrowding in large cities. A high infant mortality was the result. The fecundity of the race was diminished while that of the white race increased. Rickets became the characteristic infantile disease of the race; pulmonary tuberculosis of its youth. It was the period of scanty hospital facilities and inadequate medical attention. To the physical discomforts of disease was superadded a nervous tension as the race, with varying success, strove to adjust itself to the larger life of individual and racial freedom.

Such were the conditions which, for about the space of twenty-five years after emancipation, confronted the American Negro. The succeeding twenty-five years is the period of vital education or, in other words, of practical education directed towards the things of

life and marked by the founding of industrial schools throughout the South which accomplished incalculable good in the direction of public and private hygiene. By their insistence on the common things of life like tooth brushes, bed linen free from vermin, water and soap, suitable hours of rest and work, advice of competent medical authority in times of illness, they undoubtedly decreased the death rate among the youth of the race directly and indirectly affecting the death rate at large. By their community work they improved the conditions of the people about them. Under their influence good homes were built; family relationships became more stable; while concubinage and promiscuity, though still existing, were placed under the ban of the moral law. As a *modus vivendi* out of the political situation was found, the apprehensions of the Negro became less, and he vigorously directed his attention towards securing his share in the improved economic prosperity of the South. Under these circumstances the mortality rate is expected to decline, and it does decline. It decreases from 30 per thousand in 1900 to 24 per thousand in 1910. At the same time the population increases 11.3 per cent without the help of immigration, an increase which Dr. Thomas Jesse Jones, of the bureau of the census, describes as a rate "equal to that of representative European countries." And when it is remembered that the bureau of the census estimates that the death rate in the country districts is about two-thirds of that in the cities of the registration area, the conclusion of Hoffman, for the present at least, cannot be true that "the mortality rate of the race is on the increase."

It was the period also in which more distinctive agencies for the reduction of Negro mortality appeared: colored medical schools and hospitals and nurse training schools were established; Howard, Meharry, Leonard and Flint sent out their graduates to reduce the death rate. These men and women were teachers of hygiene as well as practitioners of medicine. At times they had to perform the duties of nurse as well as physician. Regarded with suspicion in the earlier days, they steadily overcame the prejudice of their own race, in many cases being given the helping hand by Southern white physicians, and so were enabled to perform a mission which no other than Negroes could satisfactorily perform. The late president of the Virginia state board of medical examiners once said to one of these men: "It is the colored physician who can best serve the

colored people. We can help, but not as much as the colored physician." The 909 physicians in 1890 increased to 1734 in 1900 and now probably number over 3600. Equally active in the reduction of the mortality rate has been the trained colored nurse. Not only to her own race has she been of service, but also to the white race. Freedman's training school for nurses established in 1862 has been followed by the founding of more than 65 hospital and nurse training schools in thirteen Southern, four Western and three Northern states. In Birmingham, Ala., in Chicago, Ill., in Norfolk, Va., in Wilmington, N. C., visiting nurses are assisting in the reduction of the mortality rate by attending the sick, by advising those who are well as to the methods of preventive medicine, and in a few instances conducting classes in home nursing for the older girls in the public schools.

Within the last five years attention has been directed specifically towards the reduction of the high death rate. Negro physicians and teachers, some enlightened pastors, graduates of literary and industrial schools, are all united in the determined efforts they are making to reduce the Negro death rate, especially the death rate from tuberculosis. Splendid assistance and generous coöperation have been extended by white physicians and public health officers who, by lectures to schools and churches are emphasizing, as never before in the history of the nation, the importance of public health to the Negro.

At first this progressive movement took shape as anti-tuberculosis leagues, formed mainly through the efforts of Dr. Wertenbaker of the Marine Hospital Service in several of the Southern States; but its scope is being enlarged to include health clubs in which are discussed problems relating to disease, sanitation, insurance and public health. Admirable work in this direction is being done by the annual conferences at Atlanta University, Hampton and Tuskegee Institutes. The Agricultural and Mechanical College of Greensboro, N. C., has a model health club and gives advice to all students who are anxious to establish similar clubs in their communities. As a whole the school superintendents are active leaders in this movement; and the time is fast approaching, if it has not already arrived, when health talks in the public schools by teachers or physicians will be held to be as important as the lesson in arithmetic, the caning of chairs or the making of bread.

In spite of this favorable outlook there still remain several important problems claiming attention. Undoubtedly tuberculosis is the greatest of these. Viewed at a long range it is not as serious as may be thought, being reducible to the general formula of problems which races must encounter in their upward advance towards civilization, a process which usually involves a large death rate. The immunization which civilized races have obtained through this process has not yet been carried sufficiently far to protect the Negro; but there are signs of improvement even in this direction, for the death rate per hundred thousand in the registration area in 1890 was 546; in 1900 it was 485; while in 1910 it fell still lower to 405. Though primarily a problem of public health, it is also one of sociology, since the restriction of the Negro to certain areas in cities where housing conditions are bad, the limited choice of occupations and intemperate habits, all tend to increase the death rate from tuberculosis. But notwithstanding these discouraging features it seems probable that the tuberculization of the Negro has already reached its maximum and with the application of the remedies of various social agencies a decline in the mortality rate from this disease may now be confidently expected.

The problem of infant mortality is also a grave one. For improvement in this respect one must look to the forces of education which are at work for the establishment of permanent family life, for knowledge of the laws of hygiene, for public health officers who will insist on improvement of sanitary conditions in Negro sections of large cities.

The problem of hookworm infection has proved to be a negligible one. Dr. Wyckliffe Rose, administrative secretary of the Rockefeller Sanitary Commission, states that "all statistics thus far go to show that the infection is much lighter among the colored population than among the white. There seems to be some degree of racial immunity. The men report excellent coöperation on the part of the colored people. They have examined the students in many colored schools and have examined and treated many colored people at the dispensaries." However, the commission appointed by the National Medical Association of Negro Physicians to investigate the prevalence of this disease among the colored people insisted that while it is true that the large part attributed to the race in the

spread of the disease was incorrect, the special problem was a part of the larger one of sanitation and preventive medicine.

The problem of venereal diseases is extremely important, nor is it one which may be lightly disregarded. It has provoked much discussion among Negroes and members of the other race. "The Negro and His Health Problems," by Dr. J. Madison Taylor (*Medical Record*, September 21, 1912) and "Venereal Diseases in the Negro, with Special Reference to Gonorrhea," by Dr. John C. Rush (*Medical Record*, May 31, 1913) are articles which would have been more valuable to the scientific student had the comparative method been employed, and the problems of the Negro considered as part of the general problems of the human race and subject to the same laws of social development. Interesting discussions might arise out of the two articles, but this is not the time nor the place for such. The curious reader, confining himself strictly to the question of venereal diseases among Negroes, might compare with these Dr. Wolbarst's article in the *Medical Record* of October 29, 1910, from which it will appear that these are particularly human, and not racial, problems with which the whole nation is called upon to deal.

That the danger is not underestimated even by Negroes is apparent from the statement that "there is among Negroes a constant excess of venereal disease among unsuccessful applicants" for the United States Army. Coming from such a responsible source as the volume on *Health and Physique of the Negro American* (No. 11, Atlanta University Publications, p. 68), this statement deserves serious consideration. From the medical point of view its prevalence among enlisted men points to the syphilization of the race as one of the prices it must pay for entering upon the heritage of civilization; from the sociological it is an omen of grave import to the race and the nation at large. The remedy lies in such measures as are being taken to combat these diseases among the white race: instruction in sexual matters to the youth, as advocated by the American Federation of Sex Hygiene; an awakened public conscience; and a pride of race which holds of paramount importance the physical interests of the generations that are yet unborn. Fortunately there are already signs of progress. In several of the Southern colored colleges regular and systematic lectures are given by the college physicians on this vital subject, and the students are shown the perils of extra-conjugal sexual relations. The remedy proposed

by Dr. John Rush of Mobile, Ala., is the one that will commend itself to thinking Negro educators and physicians. He says:

Do away with so many creed teachers and give them teachers on sexual psychology and hygiene, beginning from the time they are twelve years old, and taught until their education is finished. It is a great pity that some of the large-hearted philanthropists who bequeath fortunes for the education of the Negro do not specify that about one-half of the amount donated be used in establishing such courses of study. Not only should these branches be taught in Negro schools and colleges, but in the institutions of learning for our own young people. This has been the fault in our white schools and colleges, not only in the South, but all over the United States. They have failed to teach young men how to live, and by this I mean they have allowed them to go on ignorant of the sexual side of life except as it could be learned from a fellow-student's personal experience.

To sum up: In the course of the past fifty years the Negro race has had to contend against the hostile forces of ignorance, poverty and prejudice while adjusting itself to the new conditions imposed by the life of freedom, and consequently its mortality rate has been excessively high, due largely to pulmonary tuberculosis and infant diseases; but now a marked improvement is apparent, and its mortality rate is declining with that of the general population. With this conclusion the recent report of the United States bureau of the census agrees. In Bulletin 112, *Mortality Statistics 1911*, the following gratifying statement of the progress made in this direction occurs:

The differences between the death rates of the native white population of native and foreign parentage and the foreign born white population should not be interpreted as essential racial differences, but rather as due to economic and other social causes. The same reasons may explain the high death rate of the colored or Negro population as compared with the white population. The death rate of the colored population of the registration area as a whole in 1911 (23.7 per 1,000), although much higher than that of the white population (13.7) is lower than the rates of the great majority of European countries up to the last quarter of the nineteenth century and could undoubtedly be reduced to a figure which would more closely approximate, if not equal, the death rate of the white population.

Various agencies are at work in promoting better conditions of public health: there are the literary and industrial schools, skilful Negro physicians, trained nurses and devoted teachers, interested state boards of health, and an enlightened public sentiment.

It is true that great problems still remain, such as those of

tuberculosis, an excessive infant mortality and venereal diseases, yet just as the nations of Europe survived these dread scourges with far less knowledge of sanitation among their wisest scientists than is possessed by many a Negro school boy or girl today, so the chances of the survival of the race seem exceptionally hopeful.

As economic prosperity increases, a decline in the city birth rate is to be expected, as is the case with the most progressive and civilized nations of the world; but no evil results are to be apprehended from this in view of the present declining death rate and a rural population actively settling the farm lands of the South, and, as is customary with such a population, steadily increasing in fecundity.

Who fears to face another fifty years with all these forces at work for the permanence of the race? Only the pessimist doubtful of the value of education. Under that banner the best for the Negro race has been accomplished while the battle cry changed from books to tools, from classrooms to workshops, from the theoretical to the practical. Now another battle cry is sounding louder and more insistent: it is the battle cry of physiological teaching directed towards the prolongation of life and the diminution of human suffering, for without sound health the finest classical education and the most useful industrial training avail nothing. The battle is being fought with united armies on a territory where all may operate—the field of public health. The need of the hour, so far as Negroes are concerned, is for systematic and organized effort directed towards the problems of sanitation and public health in all colored schools and colleges, in all churches and communities, in fraternal societies and in private families. It is not too much to expect victory for a race, which, in fifty years, has reduced its illiteracy from an estimated percentage of 95 to one of 33.3 as given by the census figures of 1910. Let the teaching of general elementary physiology, including sex physiology, and sanitation be placed on a rational basis in all colored schools and colleges, in the hands of men and women thoroughly trained and with full knowledge of the health problems named above, and there can be little doubt that the issue of the conflict will be such a rapidly declining death rate and reduced morbidity as will astonish the civilized world.